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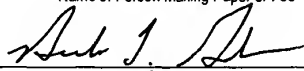
July 30, 2003

MAIL STOP PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

EXPRESS MAIL MAILING LABEL NO.: EL 794575711 US DATE OF DEPOSIT: JULY 30, 2003 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to MAIL STOP PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 DERRICK T. GORDON Name of Person Mailing Paper or Fee  Signature July 30, 2003 Date of Signature
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Re: New U.S. Utility Patent Application Transmittal
For: SOLID-STATE IMAGE SENSING DEVICE
By: Tomokazu KAKUMOTO and Masayuki KUSUDA
Attorney Docket: 15162/06070

Dear Sir:

This Utility Patent Application Transmittal is submitted in connection with SOLID-STATE IMAGE SENSING DEVICE, by Tomokazu KAKUMOTO and Masayuki KUSUDA, inventors.

Enclosed herewith are the following:

APPLICATION ELEMENTS:

- (1) A duplicate copy of this Transmittal Letter (containing a breakdown of amount of fees due and deposit account authorization);
- (2) Specification (36 pages, including 29 claims and an abstract);
- (3) Formal Drawings (13 sheets) (Figs. 1-22); and
- (4) Executed Declaration and Power of Attorney (7 pages).

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ACCOMPANYING APPLICATION PARTS:

- (5) Submission of Certified Copy of Priority Document (2 pages) transmitting a certified copy of Japanese Priority Document No. 2003-142880 (45 pages);
- (6) Assignment (2 pages) of the invention to MINOLTA CO., LTD., with attached Recordation Form Cover Sheet (1 page) (in duplicate); and
- (7) One Return Receipt Post Card each for the following grouping of items: (1)-(4), (5), and (6) above.

The amount of the filing fees is calculated below:

			Fee for small entity			Fee for other than small entity	
Fee	No. filed	No. extra *	Rate	Fee	OR	Rate	Fee
Basic fee				\$375	OR	\$ 750	\$ 750
Total claims	29-20=	9	X \$9=	\$0	OR	X \$18=	\$ 162
Independent claims	1-3=	-0-	X \$42=	\$0	OR	X \$84=	\$ -0-
Multiple Dependent Claim Presented	-0-=	-0-	+\$140=	\$0	OR	+\$ 280=	-0-
			Total	\$0	OR	Total	\$ 912

*If the difference in Column 1 is less than zero, enter "0" in Column 2.

Please charge the required fees of \$952.00 (\$750.00 for the filing fee, \$162.00 for the excess claims fee, and \$40.00 for the recordation of assignment fee) to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260. If additional fees are due, please charge any fees during the pendency of this application (other than the issue fee) to Deposit Account No. 18-1260. Please credit any overpayment to Deposit Account No. 18-1260.

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07/30/03

All correspondence is to be directed to the address associated with the Customer Number 24367.

Respectfully submitted,

By: _____



Douglas A. Sorensen
Registration No. 31, 570
Attorney for Applicants

DAS:pm
Enclosures